						÷							
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999													
CLAIMS AS FILED - PART I										ENTITY			R THAN
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA						7	YPE		OR	SMALL	ENTITY		
					6.66	TAOMPEN	EXTRA	J L R	ATE	FEE	_	RATE	FEE
BASIC FEE								1.0	44	345.00	OR	d and	690.00
TOTAL CLAIMS			49	Ú minus	20=	. 24		l C	\$ 9=		OR	X\$18=	(3)
INDEPENDENT CLAIMS				minus	3 =	*			·	 	┨ ^ݖ ╴		420
MULTIPLE DEPENDENT CLAIM PRESENT						┨ ┫	39=	<u> </u>	OR	X78=			
] [_+1	30=		OR	+260=	260,	
* If the difference in column 1 is less than zero, enter "0" in column 2								TC	DTAL		OR	TOTAL	1382
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SN	IALL	OTHER I				
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		PA	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	<u> </u>		Minus	**	-	=	XS	9=	·	OR	X\$18=	
	Independent	*		Minus	***		=.	X	 39=		1	X78=	
_	FIRST PRESE	NTATIC	N OF MI	JLTIPLE DEF	PEND	ENT CLAIM					OR	7(702	
								+1	30=		OR	+260=	
									TOTAL		OR	TOTAL ADDIT. FEE	
			ımn 1)			olumn 2)	(Column 3)		,		• , ,		
MENT B		REM.	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RA	ATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDME	Total	*		Minus	**		=	X\$	9=		OR	X\$18=	·
AME	Independent	*		Minus	***		=	X3	9=			X78=	
	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	PEND	ENT CLAIM		-			OR	71.0-	
,								+13	30=		OR	+260=	
								T ADDIT	OTAL FEE		OR ,	TOTAL ADDIT. FEE	
- ·	The state of the s		mn 1)			olumn 2)	(Column 3)				. ,	10011.122	
MEN	地	REMA AF	AIMS AINING TER DMENT		N PRE	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE

				(Oolallii E)	(Column o)				
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
9	Total	*	Minus	**	=				
AME	Independent	*	Minus	***	= '				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

MENT C	461.50	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		On		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR	X78=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									,	
									The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	

AMENDMENT A

AMENDMENT B